ITA-2058 (7/00)

GOVERNMENT PURCHASE CARD SET-UP FORM

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input by the Cardholder.

SECTION I INSTRUCTIONS

1. To add a new account, Cardholder completes section 11 and sign in section VI, AOPC completes sections III through V and sign in section VI.
2. Maintain a copy in the Cardholder and Agency/Organization Program Coordinator's files.
3. Fax to (904) 954-871 0 or Mail to Citibank Government Card Services, P.O. Box 45134, Jacksonville, FL 32232-5134

SECTION 11 CARDHOLDER INFORMATION (Please Print)

*Last Name of Cardholder *First Name *Middle Initial (maximum 20 characters)

Department of Commerce/ITA
*Agency/Organization Name (maximum 24 characters) *Verification Information

4th Line Embossing *Social Security Number

*Business Mailing Street Address Line 1 maximum 36 characters *Business Phone

*Business Mailing Street Address Line 2 (maximum 36

*City *State *Zip Code Country

*Email Address

*Fax Number Discretionary Code 1 (maximum 1 2 characters)

Discretionary Code 2 (maximum 20 characters) Discretionary Code 3 (maximum 1 5 characters)

*Master Accounting Code (maximum 75 characters)

SECTION III REPORTING PARAMETERS

*Reporting Hierarchy: 01300   81540 _____ _____ _____ _____ _____

*Card Delivery ID#: _____ (maximum 5 characters)

SECTION IV AUTHORIZATION PARAMETERS

*Cycle Limit: ———————   Convenience Checks   y ___   N ___   2 Bks ___   6 Bks ——

Dollars per Transaction Limit: ———————   If eligible for Convenience Checks, maximum payment amount equals _____

Number of Transactions per _____   *MCC Template Name _____

Number of Transactions per day: ———————

SECTION V *PLASTIC TYPE (Please check one of the following)

Government Standard X   Quasi-Generic ——   Non-POS (White) ——

SECTION VI CARDHOLDER SIGNATURE

I understand that the Card is to be used for official purchases only. I understand that it is my responsibility to notify Citibank at (800)790-7206, (overseas call collect at (904) 954-7850) immediately if my card is lost or stolen.

*Cardholder Signature ————————————   Date ————————————

SECTION VII AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE

*Approving Agency/Organization Program Coordinator's Signature Date

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*Asterisked fields must be completed prior to submission

Signature of Program DUS, CFO and DOA, AS or   Date